

EASTERN WASHINGTON INTERAGENCY TRAINING ZONE



Training Announcement **S-290 Intermediate Wildland Fire Behavior** **Nominations due February 2, 2009**

Minimum number of students: 15

Maximum number of students: 30

This is a classroom-based skills course designed to prepare the prospective supervisor to undertake safe and effective fire management operations. It is the second course in a series that collectively serves to develop fire behavior prediction knowledge and skills. The Lead instructor is Don Strand, who has over thirty years experience, including Fire Behavior/Long Term fire analyst, Division supervisor, and Type 3 Incident Commander. The Fire Weather will be instructed by Robert Tobin, Fire Weather meteorologist.

- Objectives:
- Identify and describe the environmental, topographical and fuel factors which influence the behavior of Wildland fire.
 - Identify and describe the causes of extreme fire behavior, such as spotting, crowning, fire whirls, plume dominated and win-driven fires.
 - Assess Fireline data and fire behavior estimations, and identify areas where fire suppression limitations exist.

DATES OF CLASSES:

March 7 & 8, 2009

Saturday-Sunday 0800-1730

March 13 & 14, 2009

Friday 1800-2200

Saturday 0800 - 1730

PREREQUISITES: Introduction to Wildland Fire Behavior (S-190), and successful completion of the class Pre work assignment.

TARGET GROUP: Firefighter type 2 (FFT2), supervisory dispatchers (EDSP), and fire effects monitors (FEMO)

LOCATION: Grant County Fire District No. 5
11058 Nelson Road NE, Moses Lake, WA 98837

Mail, e-mail or FAX registrations to

Leonard Johnson, Course Coordinator

ljohnson@gcfd5.org

Cost \$ 265 payable to Wenatchee Valley college, based on minimum class size needed to pay for instructors and materials. Fees may be reduced based on class enrollment. Class fees are waived for Fire Districts who have suppression agreements with Department of Interior. There is a \$10 fee from the host agency for refreshments.

Meals On your own.



EASTERN WASHINGTON INTERAGENCY TRAINING ZONE

Please print information clearly.
REGISTRATION:

Name _____

Agency Telephone _____ Home Telephone _____

Sponsoring Fire Agency _____

Address: _____ City _____ Zip _____

Payment: Check or PO with Registration Bill Sponsoring Agency

Signature of Fire Chief or Training Officer

Title

Date

***Next Form For
Federal Agencies***

NWCG INTERAGENCY TRAINING NOMINATION
AND
AGREEMENT TO COLLECT FUNDS

INSTRUCTIONS: Complete Part I. Complete PART II only if there are charges for the training.

Part I TRAINING NOMINATION

Course Number S-290	Course Name Introduction to Wildland Fire Behavior Calculations	PRIORITY ____ of ____
IQCS Session Number	Course Location Grant County Fire District No. 5 11058 Nelson Rd NE, Moses Lake, WA	Course Date(s) March 7 & 8, 13 & 14, 2009
Course Tuition (if required)	Course Coordinator Name (First Last) Leonard Johnson	Course Coordinator Phone Number 509-765-3175 509-750-4918 (cell)
Course Coordinator E-Mail Ljohnson@gcfd5.org	Course Coordinator FAX Number 509-765-3550	Date Submitted
Employee's IQCS ID Number:		
Nominee's Name (First MI Last)		
Working Job Title		E-Mail
Agency Name		Fax
Home Unit	Nominee's Mailing Address (if different)	
Street	Street	
City	State	City State
Zip	Telephone	Zip Telephone
List training completed and dates pertinent to this course:		
List your past qualifications pertinent to this course:		
Nominee's Signature: (I will notify the Unit Training Representative if I am unable to attend.)		
Supervisor's Signature (I certify the nominee meets the prerequisites, or if not met I will put the reasons for attending the course in Remarks.)		
Remarks:		

PART II AGREEMENT TO COLLECT FUNDS (Complete only if there is a tuition charge)

Please check the section appropriate to the legal authority to collect monies and complete the address/signature block. This form must be signed by an individual with authority to sign agreements and obligate the funds listed. Note: Tribal governments are not covered by the Intergovernmental Cooperation Act of 1968.

NON-FEDERAL AGENCIES: Contractor, states, local governments engaged in fire suppression and protection of public lands. This training, payment, and collection is duly authorized under the Intergovernmental Cooperation Act of 1968 as amended by the act of September 13, 1982 (P.L 97-258), Section 6505. The NWCG Interagency Training Nomination constitutes written request and it is understood the bill for the training will consist of tuition plus all other identifiable costs as provided by law. Authorizing signature is also certifying services requested cannot be procured reasonably and expeditiously through ordinary business channels and funds are available. Provider's signature certifies the agency is offering similar services for its own use.

COMPLETE CHARGE CODE: (Include required fiscal references) _____

Agreement Number: _____

OTHER FEDERAL AGENCIES: This training, payment, and collection is duly authorized under Section 601 of the Economy Act of June 30, 1932 (31 USC 1535) as amended. The NWCG Interagency Training Nomination constitutes the required written request and it is understood the bill for the training will consist of tuition plus all other identifiable costs as provided by law. Authorizing signatures is also certifying services requested are in the best interest of the United States; cannot be procured by contract as conveniently or cheaply from a commercial source and appropriate funds are available for this purpose. Provider's signature certifies the agency is offering similar services for its own use.

COMPLETE CHARGE CODE: (Include agency location) _____

Agreement Number: _____

SAME AGENCY AS PROVIDER: The NWCG Interagency Training Nomination constitutes agreement to pay charges as outlined in nomination materials. Authorizing signature certifies funds are available for this purpose.

COMPLETE CHARGE CODE: (Including Override) _____

Agreement Number: _____

ADDRESS/SIGNATURE:

Billing address if different than Sponsor or Agency Address:

AUTHORIZED TO EXPEND FUNDS LISTED ABOVE:

AGREES TO PROVIDE TRAINING REQUESTED:

Signature

Date

Signature

Date

Title

Title